

Awareness, Knowledge, and Attitudes of Married Male towards Family Planning Uptake by Wives: Implications for Behavioural Counselling

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Abstract

The study analyzed the awareness, knowledge, and attitudes of married male towards family planning uptake by wives in Ibadan North East Local Government area of Oyo State. Three research hypotheses were formulated to guide the research. The study adopted the descriptive survey research design of the ex-post facto type. The multi-stage sampling technique was used to select 400 respondents. A self-developed questionnaire with four sub-sections was used to collect data. Data was analyzed using regression analysis and Pearson Product Moment Correlation Coefficient. The results showed convergent relationships between married male family planning uptake and awareness level ($r = .237$; $p < .05$); knowledge ($r = .210$; $p < .05$); and attitude ($r = .315$; $p < .05$). Also, positive relationship was found between awareness: and knowledge ($r = .201$; $p < .05$); attitude ($r = .581$; $p < .05$); as well as knowledge and attitude ($r = .286$; $p < .05$). 25.3% of the variance of wife's family planning uptake was accounted for by the spouse awareness, knowledge and attitude to family planning. It was further revealed that age and socio-economic factors of married males are very much important to the usage, adoption, and support for male spouse involvement in family planning procedures of their wives. It is therefore concluded that any failure of male spouse to support the family planning procedures of their wives is a matter of choice and mere attitude/negative misconception and/or perceptions towards family planning.

Keywords: Awareness, knowledge, and attitudes, male spouses, support, family planning (FP) uptake

Introduction

In Africa especially Nigeria, women were the primary target for family planning but there is growing recognition that reproductive health is the joint responsibility of men and women (Kabagenyi, Jennings, Reid, Nalwadda, Ntozi, Atuyanbe 2014). Berhane, Biadgilign, Amberbir, Morankar, Berhane and Deribe (2011) reported that men are key persons in the reproductive decision-making process and their decisions have profound influences on women's health. Kabayengi, Jennings, Reid, Nalwadda, Ntozi, and Atuyanbe (2014) suggested that male involvement in family planning methods can increase its uptake and continuation by improving spousal communication through pathways of increased knowledge or decreased male opposition. Since in some cultures male significantly influences the choice of birth control methods, birth number, birth sequencing, and timing, along with an opinion regarding the birthing method (Porche, 2012).

Efforts to promote family planning in Nigeria have often been criticized for their exclusion of men. The consequence of the female-only approach has been that some men view family planning with suspicion, regarding it as being aimed at undermining their authority in the family. It should be noted that the family unit in Nigeria is essentially patriarchal and patrilineal, with all the important decisions taken by the male head while the woman's fundamental social role is to bear and raise children and engage in productive tasks within the household (UNDP/UNFPA/WHO/World Bank, 2001). This has made men's involvement in decisions about sex, contraception and childrearing to be strong. This on the other hand strongly influences sexual and contraceptive behaviour, which significantly strengthens and reduces discord in relationships, and reinforces a man's responsibility for the children he fathers.

However, male involvement is not only restricted to the uptake of male FP methods but also includes the number of men who encourage and support their partners and their peers to use FP. It also involves the influencing of policy environment to be more conducive to development of male related programs. Therefore, male involvement should be understood as all the organizational activities whose main aim was to increase the prevalence of contraceptive for either gender (Green and Chens, 2003). However, traditional beliefs, religious barriers and lack of male involvement have weakened FP interventions WHO, (2012).

Today, it has been reported in Nigeria that there is no adequate spousal support of family planning which limits the use of family planning methods. The 2013 National Demographic and Health Survey (NDHS) revealed overall contraceptive use prevalence among all women in Nigeria as 15% indicating that prevalence of use is low, while the opposition to contraceptive use by spousal negative attitude to contraceptive use contributes to its low usage (Odusina, Ugal, Olaposi 2012). More than 60% of women with an unplanned pregnancy are not using any form of contraception (Adelekan, Omerigie & Edoni 2014).

The low rate of contraceptive prevalence in Nigeria contributes to unwanted pregnancy and maternal death with statistics showing that 210 million pregnancies occur worldwide, with 80 million unplanned and 46

million ending in abortion (Ipadeola Ujuju, Anyanti, Adebayo (2013) and this has contributed to high maternal death rates in Nigeria with an estimation of 36,000 women dying in pregnancy or at child birth each year (Oyedele 2014). If the use of contraceptives increases among Nigerian men and women who are sexually active, there will be significant reduction in unwanted pregnancies and abortions leading to reduced maternal mortality because the use of any family planning method is often influenced by the husband (Monjok, Smesny, Ekabua & Essien 2013). However, WHO (2012) has identified traditional beliefs, religious barriers and lack of male involvement has some of the major factors weakening FP interventions. Thus, there is also need to find out the influence of male spouses' support on family planning uptake by their wives.

The ideal family size, gender preference of children, ideal spacing between the child births and contraceptive method use, women's choice and opinion is dependent on the men's general knowledge and attitudes (Ijadunola, Abiona, Ijadunola, Afolabi, Esimai & Olaolorun 2010). Although contraceptive methods and services are frequently geared toward women, men are often the primary decision makers on family size and their partner's use of family planning methods. Since the men are the heads of the household and they make the decisions, they are also expected to initiate discussions on family planning and the number of children they want to have (Mosha, Ruben, & Kakoko, 2013). Male involvement helps to accept contraception and also helps in the effective use of family planning (Ijadunola *et al.*, 2010).

The use of any family planning method is often influenced by the male spouse and women are considered implementers of what has been decided by men without questioning the men's decision (Adelekan, Omerigie & Edoni 2014). It is expected that they should have a role in planning the size of the family, prevent sexually transmitted diseases and other health complications of which men's awareness and knowledge are essential prerequisites for taking these correct decisions at the right time (Jayalakshmi, Kiran, Prabhakar & Pushpanjali 2002).

Evidence from a number of studies around the world has revealed that there is a universal knowledge about family planning among the men of the reproductive age group, but yet has not translated into increased utilization of these modern family planning methods and low usage of family planning method has been widely attributed to the negative attitude towards the use of the modern form of contraception of which fear of harmful effects on health and low levels of education have been identified to influence the use of modern family planning methods in Africa, Asia and other parts around the world (Malalu, Alfred, Too & Chirchir 2014). This observation suggests that both the women and their partners lack the right information that will aid decision making on the use of modern family planning method (Malalu, Alfred, Too & Chirchir 2014).

Up till date very little research has been focused on men and family planning uptake. Poor knowledge of reproductive health issues among men pose barriers for women to seek care for health problems of which exploring men's reproductive health knowledge is particularly important where most women have limited control over their lives and completely dependent on husbands and older family members for making decision regarding their health (Jayalakshmi, Ambwani, Prabhakar & Pushpanjali, (2002).

Other researches have focused on determinants of use of modern family planning methods, family planning decision and perceptions on family planning, male involvement in family planning, however few studies have focused on factors that influence spousal support of family planning in other countries but none has been done in Nigeria. Therefore this study will be looking at the awareness, knowledge, and attitudes of married male towards family planning uptake by wives in Ibadan North East Local Government area of Oyo State.

Research hypotheses

Four research hypotheses were postulated for this study

1. There is no significant interrelationship among the variables of the study (awareness, knowledge, and attitudes)
2. There is no significant combine and relative contribution of the independent variables to the criterion variable.
3. There is no significant difference in participants' attitude to family planning uptake by wives on the basis of age, and socio-economic status.

Methodology

The Study Setting

Ibadan North East Local Government is one of the Local Government in Oyo State, with her headquarter situated in Iwo road Ibadan. It is bounded in the East by Egbeda and Ona-ara Local Government, Ibadan North local Government in the West, Lagelu and Akinyele Local Government share boundary with it in the North while Ibadan South East Local Government bounded it in the South. It comprises of 12 wards and is part of the greater Ibadan metropolitan area. Ibadan North East Local Government is heavily populated covering a large expanse of land with an area of about 12.5 square kilometer and a population of 330,399 as at the 2006 census.

The populace consists of civil servants, teachers, traders and artisans. The main business activities in the local Government are buying and selling of different types of goods ranging from household needs, foodstuff, and building/electrical materials. The markets of commercial significance are Oje market, Oranyan market, Agodi gate market. Building materials of all kinds are very popular in the popular Iwo road axis which has not less than sixteen banks around. There are sixty eight primary schools, eleven senior secondary and forty-one junior secondary schools.

Research Design

The research design is a survey research of an ex-post-facto type. It looked at the facts as they had already occurred and there was no manipulation of variables.

Sample and Sampling Procedure

The study population consisted of married men within the range of 20 years to 70 who resided at Ibadan North East local government. There are 12 wards in the Ibadan North East local Government; the wards were stratified into rural and urban wards. This makes up six rural wards and six urban wards. In the stratified rural and urban wards, three wards were randomly selected from each stratum, that is, three wards from the rural wards, three wards from the urban wards summing up to six wards in all. Thereafter, a simple random sampling was used to select three streets each from the selected six wards, this sums up to (18) streets altogether in the wards of the local Government. In each street, houses were selected at random of which the questionnaire was shared to all the married men present in the houses selected as at the time the questionnaire was administered. The main criterion for inclusion in the study was that a respondent must have been married. A sample size 400 was used. The sampling technique used for this study was a multi-stage sampling technique.

Instrumentation

A 30-item self-developed questionnaire was used to explore the level of the involvement of men in family planning procedures of their wives. The instrument titled "Involvement of Men in Family Planning Procedures of their Wives Scale" (IMFPPWS) adopted the Likert rating scale pattern. In this regard, the respondents were requested to record their responses on a five-point continuum of the scale ranging from strongly agree to 'strongly disagree', with a weighted point of 5 to 1 respectively. The instrument has four sections: Section A, B, and C. The section A focused on demographic data of the respondents such as age, educational level among others, section B deals with issues relating to males' awareness, knowledge, and attitude to family planning procedures of their wives. The section C of the questionnaire explores the participants' conviction to actively involving in family planning procedures of their wives to improving their family lives.

Administration of the Instruments

The researcher administered the questionnaires with the help of two (2) research assistants over the period of two weeks (Dec 15 to 29, 2014). The selected streets were visited. Residents that were found in their houses or shops were approached and their consent was sought before they were interviewed. The questionnaire was then retrieved from the respondents after completion.

Data Analysis

The data collected from the respondents were subjected to statistical analysis of simple percentage, Pearson product Moment Correlation (PPMC), t-test, and Analysis of Variance using the SPSS 19.0 version.

Ethical Considerations

The recruitment of respondents was based on their permission. Informed consent was obtained by explaining to each the respondents that data collection will be used for research purpose, kept confidential and participation was voluntary. Participants were given the choice to withdraw their consent freely whenever they want to opt out of the study. To maintain confidentiality of participants during and after the collection of data, no name of the respondent was written on the questionnaire in order to ensure anonymity.

Results and Discussion

Table 1: Correlation Matrix for the relationship among the study variable

		Awareness	Knowledge	Attitude	Wife FPU
1. Awareness	Pearson Correlation	1	.201**	.581**	.237**
	Sig. (2-tailed)		.000	.000	.000
	N	275	275	275	275
Knowledge	Pearson Correlation	.201**	1	.286**	.210**
	Sig. (2-tailed)	.000		.000	.000
	N	275	275	275	275
Attitude	Pearson Correlation	.581**	.286**	1	.315**
	Sig. (2-tailed)	.000	.000		.000
	N	275	275	275	275
Wife FPU	Pearson Correlation	.237**	.210**	.315**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	275	275	275	275

** Correlation is significant at the 0.05 level (2-tailed).

The result in Table 1 revealed convergent relationships between married male awareness level and wife family planning uptake ($r = .237$; $p < .05$); knowledge and wife family planning uptake ($r = .210$; $p < .05$); attitude and wife family planning uptake ($r = .315$; $p < .05$); awareness and knowledge ($r = .201$; $p < .05$); awareness and attitude ($r = .581$; $p < .05$); knowledge and attitude ($r = .286$; $p < .05$). The findings of Olaoye, Akinade, Ogunsanmi, and Ayodele (2015); Adelekan., Omoregie, and Edoni (2014); Ijadunola (2010) that adequate awareness, knowledge and attitude of male spouse to family planning will help them in regulating intervals between children, preventing unplanned pregnancy and build their future was in line with the outcome of research hypothesis 1.

Tables 2: Combined and Relative contribution of the independent variables on the dependent variable.

$R = 0.503$; $R^2 = 0.253$; Adj $R^2 = 0.253$; $F = 23.621$

Variables	Unstandardized coefficient Betta	SE	Standardized coefficient Betta	t-ratio	Sig
Awareness	2.037	0.434	0.359	2.807	.003
Knowledge	3.111	0.632	0.482	5.460	.031
Attitude	3.419	0.736	0.566	8.004	.000

The result above indicated that awareness, knowledge and attitude of the participants jointly determine the family planning uptake by their wives. Analysis yielded f-ratio of 23.621, which was found to be significant at 0.05 alpha level. A coefficient of multiple regression of (R) 0.503 and adjusted multiple regression square (R^2) of 0.253 were observed, which indicated that 25.3% of the variance of wife's family planning uptake is accounted for by the spouse awareness, knowledge and attitude to family planning.

It is also observed that all the independent variables (awareness, knowledge and attitude) made significant relative contribution to the prediction of married men support of family planning uptake by their wives. Attitude made the highest contribution ($B = .566$, $t = 8.004$), followed by knowledge ($B = .482$, $t = 5.460$), and lastly by awareness ($B = .359$, $t = 2.807$). This indicated that awareness, knowledge and attitude played a significant role in the married men support of family planning uptake by their wives.

The outcome of this study lend credence from Ijadunola, Abiona, Ijadunola, Afolabi, Esimai & Olaolorun (2010) that women's choice and opinion to the use of family planning is dependent on the men's general knowledge and attitudes. Therefore, male involvement in FPU helps to accept contraception and also helps in the effective use of family planning.

Table 3: Analysis output for significant difference in married men's attitude to family planning based on age and socioeconomic status.

N = 400						
Variable	Category	N	%	Mean	F- Value	P
Age	31-40 years	60	66.9	67.543	11.324	.000
	41-50years	184	29.2	93.765		
	51yrs above	156	3.9	81.092		
SES	High	48	9.5	88.987	7.759	.013
	Average	261	55.9	83.521		
	Low	91	34.7	78.606		

Table 3 shows that the age ($f = 11.324$) and socio-economic status ($f = 7.739$) difference observed in the participants' attitude to family planning uptake by their wives were significant. It could then be deduced generally that demographical variable of married males are very much important to the usage, adoption, and support for family planning to the wellness of their families. This result is in line with the findings of Ijadunola (2010); Ngwira (2011); and Adelekan (2014) in their various studies of the use of family planning by couples.

Conclusion

This study sought to explore the awareness, knowledge, and attitudes of married male towards family planning uptake by wives. It was revealed positive relationships between married male awareness level and wife family planning uptake; knowledge and wife family planning uptake; attitude and wife family planning uptake; awareness and knowledge; awareness and attitude; knowledge and attitude. Specifically, the study reported that 25.3% of the variance of wife's family planning uptake is accounted for by the spouse awareness, knowledge and attitude to family planning. Also, the age and socio-economic factors of the married males are very much important to the usage, adoption, and support for family planning to the wellness of their families. It is therefore concluded that any failure of male spouse to support the family planning procedures of their wives has little or no cultural undertone. Rather, it is a matter of choice and mere attitude/negative misconception and/or perceptions towards family planning, and that FP is a woman's affair.

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